

SECRET
(When Filled In)

REQUEST FOR INFORMATION		DATE 15 September 1959 ada
TO: EE/G/W 8 - []	C NO. 79217 Doktor Oskar EICHLER	
FROM: Chief, CI/OA	201	

In order that further consideration can be given to your request for approval in this case, it is requested that you furnish this office the information checked below:

<input type="checkbox"/> PRO I	OPERATIONAL & DIVISION TRACES
<input type="checkbox"/> PRO II	ADDITIONAL BIOGRAPHIC INFORMATION
<input type="checkbox"/> GREEN LIST	RESULTS OF TECHNICAL INTERROGATION
<input type="checkbox"/> FIELD TRACES	OTHER (See remarks)
<input checked="" type="checkbox"/> RI TRACES	

REMARKS

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2005